

## **Maine EMS Instructions for Examiner Payment Forms**

### **General**

The Examiner Payment Form must be completed and submitted to Maine EMS at the completion of each practical exam in order to pay the exam administrator, examiners and programmed patients, and to reimburse the regions for BLS and ALS testing supplies.

It is important that the form be filled out accurately and clearly to ensure prompt payment.

### **Completion of Form**

The Exam Administrator completes the top of the form with the exception of the box labeled “Maine EMS Use Only”.

The “Candidate Information” box asks for the number of candidates being administered the entire practical exam and for the number of students who are retesting a single station because of failure of a station at a previous exam. Regional reimbursement amounts are based upon these numbers.

The Exam Administrator should print his or her name in the first space of the bottom section of the form. Exam administrators are paid a flat fee \$75.00

Examiners and programmed patients must clearly print their names and social security numbers in the indicated boxes. The Exam Administrator should complete or oversee completion of the “Duties” section as to whether the person was an examiner or programmed patient (Prg. Patient). If the person served in both capacities, mark both the “Examiner” and “Prg. Patient” boxes.

**The Exam Administrator must ask each examiner or programmed patient if he or she has a current vendor form on file with the State of Maine. If the person does not have a current vendor form on file, or is unsure, have the person complete a new vendor form. See the section on vendor forms, below.**

Examiners are paid \$12.00/hr and programmed patients \$9.00/hr.

When an examiner or programmed patient is finished, the Exam Administrator should calculate the number of hours that the person should be paid and should enter that number next to the persons name in the “Hours” box. Please calculate hours in 15 minute increments and report it as a fraction or decimal (i.e., three and one half hours may be reported as 3 ½ hours or 3.25 hours).

Time allowed for each examiner is the actual time the person acted as an examiner and no more than 15 minutes before and after the person examines to allow for setup and cleanup time.

## **Vendor Forms**

If the examiner or programmed patient has never completed a Vendor Form or if any of the individual's information has changed (e.g., address, last name) then a vendor form needs to be completed. If no vendor form is on file for the examiner or programmed patient, Maine EMS will be unable to issue a check to that individual.

In order to complete the vendor form please print CLEARLY, include the following information:

- ☐ Name
- ☐ Address
- ☐ Social Security Number or
- ☐ Corporation Number (if applicable)
- ☐ Submitted BY – (Signature of person named on the vendor form)
- ☐ Date

## **Submission of Forms**

The Examiner Payment Record and any vendor forms must be submitted to Maine EMS along with the candidate application forms and checks, and the practical exam roster

Question regarding vendor forms may be directed to Paula Nadeau at 287-3953.

# MAINE EMS EXAMINER PAYMENT RECORD FOR PRACTICAL EXAMS

1. FILL IN ALL INFORMATION    2. WRITE LEGIBLY    3. SUBMIT TO REGIONAL OFFICE WITHIN 24 HOURS

<b>Date of Exam:</b> _____ <b>Region:</b> _____ <b>Start Time:</b> _____ <b>End Time:</b> _____ <b>Total:</b> _____ <b>Location:</b> _____ <b>Course Instructors:</b> _____ I hereby certify that the information contained within this document is true and that the hours submitted for examiner payment are accurate: <b>Exam Administrator's Signature:</b> _____ <b>Regional Coordinator's Signature:</b> _____	<b>CANDIDATE INFORMATION</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>Level:</b></td> <td style="width: 33%;"><b># of Candidates for entire exam</b></td> <td style="width: 33%;"><b># of Candidates retesting a single station from a previous exam</b></td> </tr> <tr> <td><b>First Responder</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>EMT - Basic</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>EMT - Intermediate</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>EMT – Paramedic</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Totals</b></td> <td>_____</td> <td>_____</td> </tr> </table>	<b>Level:</b>	<b># of Candidates for entire exam</b>	<b># of Candidates retesting a single station from a previous exam</b>	<b>First Responder</b>	_____	_____	<b>EMT - Basic</b>	_____	_____	<b>EMT - Intermediate</b>	_____	_____	<b>EMT – Paramedic</b>	_____	_____	<b>Totals</b>	_____	_____	<b>MAINE EMS USE ONLY</b>  <div style="text-align: center; padding: 20px;"> <i>Date Received</i> </div> <hr/> <b>Amount Rec'd:</b> _____ <b>Examiner Reim:</b> _____ <b>Regional Reim:</b> _____ <b>Total Cost of Exam:</b> _____ <b>Per Candidate Cost:</b> _____ <b>Date Submitted for Payment by MEMS:</b> _____
<b>Level:</b>	<b># of Candidates for entire exam</b>	<b># of Candidates retesting a single station from a previous exam</b>																		
<b>First Responder</b>	_____	_____																		
<b>EMT - Basic</b>	_____	_____																		
<b>EMT - Intermediate</b>	_____	_____																		
<b>EMT – Paramedic</b>	_____	_____																		
<b>Totals</b>	_____	_____																		

*Please PRINT the information requested, below. If you are not sure if your Maine State Vendor Form is current, please complete a new one.*

	NAME <i>PRINT CLEARLY</i>	SOCIAL SECURITY <i>PRINT CLEARLY</i>	HOURS	Duties (Check one)	
				<input checked="" type="checkbox"/> EXAM ADMINISTRATOR	
1				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient
2				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient
3				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient
4				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient
5				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient
6				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient
7				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient
8				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. patient

# MAINE EMS EXAMINER PAYMENT RECORD FOR PRACTICAL EXAMS

	NAME <i>PRINT CLEARLY</i>	SOCIAL SECURITY <i>PRINT CLEARLY</i>	HOURS	Duties (Check one)	
9				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
10				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
11				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
12				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
13				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
14				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
15				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
16				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
17				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
18				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
19				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
20				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
21				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
22				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
23				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
24				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
25				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
26				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
27				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
28				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
29				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient
30				<input type="checkbox"/> Examiner	<input type="checkbox"/> Prg. Patient



STATE OF MAINE  
NEW VENDOR/VENDOR UPDATE FORM

- ☐ NEW VENDOR  
☐ CHANGE REQUEST  
☐ MULTI ADDRESS

PLEASE PRINT OR TYPE

**NAME/ADDRESS**

(NEW ADDRESS IF CHANGED)

(OLD ADDRESS IF CHANGED)

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

\_\_\_\_\_

**TAX I.D. NUMBER:**

INDIVIDUAL OR SOLE PROPRIETOR

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Social Security Number

OR CORPORATION

--

Employer Identification Number

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

ACCOUNTS RECEIVABLE CONTACT: \_\_\_\_\_

**COMMENTS:**

**VENDOR DESCRIPTION: ENTER Y (YES) FOR ALL THAT APPLY**

DEALER _____	INDIVIDUAL _____	SMALL _____
MANUFACTURER _____	SOLE PROPRIETOR _____	IN-STATE _____
JOBBER _____	PARTNERSHIP _____	SERVICES (NON-MED) _____
RETAILER _____	INCORPORATED _____	MEDICAL SERVICES _____
FACTORY REP. _____	COMMODITY _____	GOVERNMENT ENTITY _____
	MINORITY _____	NON-PROFIT CORP. _____

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

(AUTHORIZED VENDOR'S SIGNATURE)

TITLE: \_\_\_\_\_

STATE AGENCY CONTACT: **Deb MacMaster**

PHONE: **207-287-3953**

Maine Emergency Medical Services

Revised 2/18/00

16 Edison Drive

Augusta ME 04330

207-287-3953

TTY 207-287-3659

FAX: 207-287-6251

H:\USERS\EMSSHARE\EXAM\Exam Admin Manual\2003 Manual\Appendix N - Examiner Payment Forms and Instructions\Vendor Form.DOC

# Exam Proctor Reimbursement And Exam Accountability Form

*Check the box that applies:*

- ☐ I am applying for reimbursement for conducting a Maine EMS Written Exam. *(Complete the form and forward it to Maine EMS via the regional EMS office)*
- ☐ I am not applying for reimbursement for conducting a Maine EMS written Exam. *(Complete the form and forward it to Maine EMS via the regional EMS office)*

This form must be used any time a Maine EMS written exam is conducted, regardless of the number of candidates. The form must be completed by the Exam Proctor and submitted to Maine EMS via the regional office within 3 business days following the exam.

If the proctor is unsure as to whether he or she has a current vendor form on file with the State of Maine, please complete a vendor form and submit it with this form.

The exam proctor must account for each exam booklet at the beginning and end of each exam and document the accounting on this form.

This form is to be submitted to the respective regional office upon return of exam booklets and materials

Proctor's Name: \_\_\_\_\_

Proctor's Social Security Number: \_\_\_\_\_

**Date of Exam:**\_\_\_\_\_

**Time of Exam:**      **Start Time:**\_\_\_\_\_ **End Time:**\_\_\_\_\_

**Location of Exam:** \_\_\_\_\_  
Facility

---

street address

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City, State \_\_\_\_\_

**First Responder**

**\_\_\_\_\_ EMT-B**

## EMT-P

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\_\_\_\_\_ # of booklets

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\_\_\_\_\_ # of booklets

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**Signature of Exam Proctor**

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**Date**